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RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

PJH

Jamal Thompson

Plaintiff,

vs.

Ben Curry, Warden

Defendant.

CASE NO. 08 3834

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

(PR)

I, Jamal Thompson, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes      No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross:                                      Net:                                     

Employer:

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.  
 21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_\_ No X

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_ None

- 1 b. List the persons other than your spouse who are dependent upon you for  
 2 support and indicate how much you contribute toward their support. (NOTE:  
 3 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4 THEIR NAMES.).

5 None

6  
 7 5. Do you own or are you buying a home? Yes \_\_\_ No X

8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6. Do you own an automobile? Yes \_\_\_ No X

10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7. Do you have a bank account? Yes \_\_\_ No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_

15 \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes \_\_\_ No X Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_ No X

20 \_\_\_\_\_

21 8. What are your monthly expenses?

22 Rent: \$ \_\_\_\_\_ N/A Utilities: \_\_\_\_\_ N/A

23 Food: \$ \_\_\_\_\_ N/A Clothing: \_\_\_\_\_ N/A

24 Charge Accounts: No

25	<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26	_____	\$ _____	\$ _____
27	_____	\$ _____	\$ _____
28	_____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 No  
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.  
9  
10

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.  
15

16 August 26, 2008

17 DATE

18   
19 SIGNATURE OF APPLICANT  
20  
21  
22  
23  
24  
25  
26  
27  
28

Case Number: CV 08 3834 PJH (PR)

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Jamal Thompson for the last six months  
[prisoner name]  
Correctional Training Facility (CTF) where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 26.26 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 62.35.

Dated: 8-28-08

Brenda Nation, Acct Technician  
[Authorized officer of the institution]

CORRECTIONAL TRAINING FACILITY  
P.O. BOX 686  
SOLEDAD, CA 95060  
ATTN: TRUST OFFICE



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.

ATTEST: 8-28-08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Brenda Nation  
TRUST OFFICE

Account Technician

REPORT ID: TS3030 .701

REPORT DATE: 08/28/08  
PAGE NO: 1

CALIFORNIA DEPARTMENT  
OF CORRECTIONS  
CTF SOLEDAD/TRUST  
ACCOUNTING  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 29, 2008 THRU AUG. 28, 2008

ACCOUNT NUMBER : H19614  
ACCOUNT NAME : THOMPSON, JAMAL  
PRIVILEGE GROUP: A  
BED/CELL NUMBER: NOLAT3000000321U  
ACCOUNT TYPE: I

TRAN	DATE	DESCRIPTION	COMMENT	CHECK	DEPOSITS	WITHDRAWALS	BALANCE
	03/29/2008	BEGINNING BALANCE					37.17
04/24 D340	EFT DEPOSIT	3523 7152			70.00		107.17
05/06 D554	INMATE PAYROL	3626 P1			17.16		124.33
05/07 D300	CASH DEPOSIT	3666 69885			100.00		224.33
05/13 FC02	DRAW-FAC 2	3729 U-I				180.00	44.33
06/05 D554	INMATE PAYROL	4026 P6			29.00		73.33
06/23 W536	COPAY CHARGE	4317 0668				5.00	68.33
07/16 W536	COPAY CHARGE	0216 3530				5.00	63.33
07/28 W536	COPAY CHARGE	0355 9533				5.00	58.33

TRUST ACCOUNT SUMMARY			
BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE
37.17	216.16	195.00	58.33
			0.00
			0.00

CURRENT  
AVAILABLE  
BALANCE  
58.33

CORRECTIONAL INSTITUTION  
P.O. BOX 686  
SOLEDAD, CA 95060  
ATTN: TRUST OFFICE

THE WITHIN DOCUMENT IS A CURRENT  
COPY OF THE TRUST ACCOUNT STATEMENT  
BY THIS OFFICE  
ATTEST: 8-28-08  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY *Desiderio Nolasco*  
TRUST OFFICE



*Account Technician*



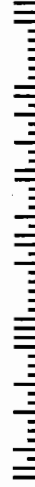
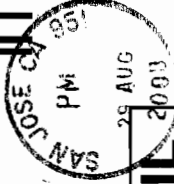
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POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT  
450 GOLDEN GATE AVE  
PO BOX 36060  
SAN FRANCISCO CA 94102-9680



8-29-08

Office

Frank

Horton

Beck